

## Juvenile Court Notices II

### 1. Summary of Chapter 1423/84, 1019/94, 71/95

Welfare and Institutions Code Section 827, as amended by Chapter 1423, Statutes of 1984, requires school district superintendents to distribute to relevant schoolsite personnel written notices provided to them by the juvenile court system regarding pupils enrolled in their district who have been convicted of certain felonies and to destroy these notices after 12 months.

Chapter 1019, Statutes of 1994, amended Welfare and Institutions Code Section 827 to require record retention and information dissemination procedures in addition to the activities mandated by Chapter 1423, Statutes of 1984.

Chapter 71, Statutes of 1995, amended Welfare and Institutions Code Section 827 to eliminate the requirement that court records in the confidential student file be removed after 12 months.

On February 29, 1996, the Commission on State Mandates determined that Chapters 1423/84, 1019/94, and 71/95 resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

### 2. Eligible Claimants

With the exception of community colleges, any school district as defined in Government Code Section 17519 that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

### 3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. To determine if funding is available for the current fiscal year, refer to the schedule "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in October of each year to the county superintendent of schools and superintendents of schools.

### 4. Types of Claims

#### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

#### B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school districts, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating school district. A school district may withdraw from the combined claim form by providing a written notice of its intent to file a separate claim to the county superintendent of schools and the State Controller's Office at least 180 days prior to the deadline for filing the claim.

## 5. Filing Deadline

### A. Initial Claims

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial and revised claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1997-98, and 1998-99 fiscal years must be filed with the State Controller's Office and postmarked by April 4, 2000. If the reimbursement claim is filed after the deadline of April 4, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by April 4, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-2000 reimbursement claim must be filed by January 15, 2001.

### B. Annually Thereafter

Refer to the item, "Reimbursable State Mandated Cost Programs," contained in the cover letter for mandated cost programs issued annually in October that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/19\_\_ Reimbursement Claim," and/or "19\_\_/20\_\_ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the school district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the school district may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

## 6. Reimbursable Activities

For each eligible claimant, all direct and indirect costs of labor, materials and supplies, and contract services for the following activities only are eligible for reimbursement:

### A. Superintendent's Distribution of the Notice

The superintendent shall receive and expeditiously transmit, upon return of the minor to school, the juvenile court notice either to the counselor having direct supervisory or disciplinary responsibility over the minor at the school of attendance, or to the new school district of attendance.

**B. Record Retention and Destruction**

School personnel shall maintain any information received from the court in a separate confidential file at the school of attendance until the minor graduates from high school, is released from juvenile court jurisdiction, or reaches the age of eighteen, or shall transfer the confidential file to the minor's subsequent school of attendance for that school's retention, whichever occurs first. For fiscal year 1994-95, school personnel shall destroy any juvenile court information contained in the confidential file 12 months after the particular information is received or the pupil returns to school, whichever occurs last. Beginning July 6, 1995, this removal and destruction is no longer required.

**C. Response to Destruction Inquiry**

The principal of the school of attendance, or the principal's designee, shall respond in writing within 30 days, to written requests of the minor or his/her parent or guardian that the minor's school record be reviewed to ensure that the record has been destroyed.

**D. Directory of Schools**

The county superintendent shall provide the court with a listing of all schools within each school district within the county, and the name and mailing address of each district superintendent.

**7. Reimbursable Method****A. Unit Cost Method**

Pursuant to Government Code Section 17557, the Commission on State Mandates has adopted a uniform cost allowance for reimbursement in lieu of actual costs incurred beginning in the fiscal year 1997-98. The uniform cost allowance is an all inclusive rate that covers all costs, direct and indirect, incurred in compliance with this mandate for **Reimbursable Activities, 6. A through C.**

- (1) The uniform cost allowance shall be \$32.00 per notice beginning with fiscal year 1997-98 for **Reimbursable Activities A. and B.** Claims shall be reimbursed based upon the number of court notices received from the juvenile court system and distributed to school district personnel, multiplied by the uniform cost allowance.
- (2) The uniform cost allowance shall be \$22.75 per request beginning with fiscal year 1997-98 for components included in **Reimbursable Activity C.** Claims shall be reimbursed based upon the number of written requests received from parents or guardians to review the record to ensure the record has been destroyed, multiplied by the uniform cost allowance.

The uniform cost allowance shall be adjusted upward or downward as appropriate, each subsequent year by the Implicit Price Deflator referenced in Government Code Section 17523. The unit cost allowance for the 1998-99 fiscal year is \$32.52 for **Reimbursable Activities A. and B.** and \$23.12 for **Reimbursable Activity C.** Refer to form JCN-1 showing the current unit cost rate that should be used for the fiscal year of costs.

**B. Actual Cost Method**

Actual costs incurred for labor and materials and supplies for the county superintendent to provide the court with a listing of all schools within each school district, within the county, along with the name and mailing address of each district superintendent as prescribed by **Reimbursable Activity D.** No uniform cost allowance has been established for this component.

**8. Reimbursement Limitations**

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only the net local cost is claimed. COSM has identified as a specific offset any payments received under Chapter 1011, Statutes of 1984.

## 9. Claiming Forms and Instructions

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms JCN-1 and JCN-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary.

### A. Form JCN-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form JCN-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

#### (1) Salaries and Benefits

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits. In lieu of actual hours, the average number of hours devoted to each reimbursable activity may be claimed if supported by a documented time study. At the present no instructions are available for performing a time study. Therefore, it is suggested that claims be based on actual costs.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

#### (2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchase shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

#### (3) Contract Services

Contract services approved by the school district's governing board are reimbursable. Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

#### **B. Form JCN-1, Claim Summary**

This form is used to compute costs for **6. Reimbursable Activities A, B, and C** using the Unit Cost Method and to summarize direct costs for **6. Reimbursable Activity D** using the Actual Cost Method.

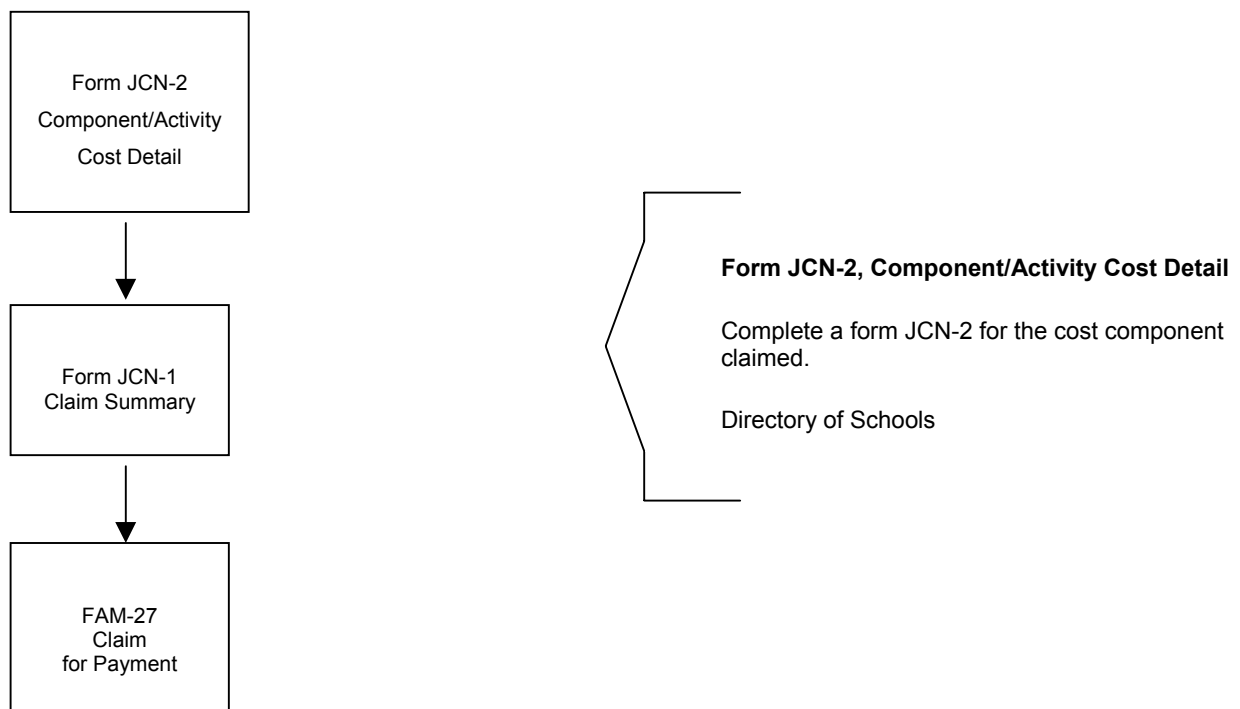
The direct costs summarized on this form for **6. Reimbursable Activity D**, are derived from form JCN-2. The total costs on this form are carried forward to form FAM-27. Claim statistics shall identify the work performed for costs claimed. The claimant must give (1) the average daily attendance for the fiscal year of claim and (2) the number of juvenile court notices received during the fiscal year of claim.

School districts and local boards of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

#### **C. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form JCN-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

#### **Illustration of Forms**



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561  JUVENILE COURT NOTICES II			For State Controller Use Only		Program  <b>155</b>
(01) Claimant Identification Number			(19) Program Number 00155		
(02) Claimant Name			(20) Date Filed ____/____/____		
County of Location			(21) LRS Input ____/____/____		
Street Address or P.O. Box Suite			(22) JCN-1, (03)(a)		
City State Zip Code			(23) JCN-1, (03)(b)		
			(24) JCN-1, (03)(c)		
			(25) JCN-1, (04)		
			(26) JCN-1, (05)		
			(27) JCN-1, (06)		
			(28) JCN-1, (08)		
			(29) JCN-1, (09)		
			(30) JCN-1, (10)		
			(31) JCN-1, (12)		
			(32) JCN-1, (13)		
			(33)		
			(34)		
			(35)		
			(36)		
<b>(37) CERTIFICATION OF CLAIM</b> <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Signature of Authorized Officer</p>    <p>_____</p> <p>Type or Print Name</p> </div> <div style="width: 35%;"> <p>Date</p>    <p>_____</p> <p>Title</p> </div> </div>					
<p>(38) Name of Contact Person for Claim</p> <p>Telephone Number (    )    -    Ext.   </p> <p>E-Mail Address</p>					

<b>Program</b> <b>155</b>	<b>JUVENILE COURT NOTICES II</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form JCN-1 and enter the amount from line (14).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form JCN-1, line (14). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., JCN-1, (03)(a), means the information is located on form JCN-1, block (03), line (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

<b>Program</b> <span style="font-size: 2em; font-weight: bold;">155</span>	<b>MANDATED COSTS</b> <b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <span style="font-size: 3em; font-weight: bold;">1</span>
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
<b>Claim Statistics</b>		
(03) (a) Average daily attendance (ADA) for the fiscal year		
(b) Number of juvenile court notices received during the fiscal year		
(c) Number of written requests received for destruction inquiry during fiscal year of claim		
<b>Unit Cost Method – Reimbursable Activities A, B, and C</b>		
(04) Cost of (03)(b)	[Line (03)(b) x \$45.11]	
(05) Cost of (03)(c)	[Line (03)(c) x \$32.07]	
(06) Total Costs	[Line (04) + line (05)]	
<b>Actual Cost Method – Reimbursable Activity D</b>		
<b>Direct Costs</b>	<b>Object Accounts</b>	
(07) Reimbursable Components	(a) Salaries and Benefits	(b) Materials and Supplies
Directory of Schools		
(08) Total Direct Costs		
<b>Indirect Costs</b>		
(09) Indirect Cost Rate	[From J-380 or J-580]	%
(10) Total Indirect Costs	[Line (09) x line (08)(a)]	
(11) Total Direct and Indirect Costs	[Line (06) + line (08)(d) + line (10)]	
<b>Cost Reduction</b>		
(12) Less: Offsetting Savings		
(13) Less: Other Reimbursements		
(14) Total Claimed Amount	[Line (11) – {line (12) + line (13)}]	

<b>Program</b> <b>155</b>	<b>JUVENILE COURT NOTICES II</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1 must be filed for a reimbursement claim. Do not complete form 1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) (a) Average daily attendance (ADA) for the fiscal year of claim.  
 (b) Number of juvenile court notices received during the fiscal year.  
 (c) Number of written requests that were received during the fiscal year of claim regarding destruction inquiry.
- (04) Enter the product of the number of juvenile court notices received, line (03)(b), times the unit cost allowance per court notice of \$45.11 for 2006-07.
- (05) Enter the product of the number of written requests received from parents or guardians to review the records times the unit cost allowance per inquiry of \$32.07 for 2006-07.
- (06) Enter the total costs by adding lines (04) and (05).
- (07) Reimbursable Activities. For the reimbursable component, enter the totals from form 2 line (05), columns (d), (e), and (f) to form 1, block (07), columns (a), (b), and (c).
- (08) Total Direct Costs. Total columns (a) through (c).
- (09) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of the costs.
- (10) Total Indirect Costs. Enter the result of multiplying the Total Salaries and Benefits, line (08)(a) by the Indirect Cost Rate, line (09).
- (11) Total Direct and Indirect Costs. Enter the sum of Total Costs, line (06), Total Direct Costs, line (08), and Total Indirect Costs, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (12), and Other Reimbursements, line (13), from Total Direct and Indirect Costs, line (11). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<div>Program</div> <div>155</div>	<div>MANDATED COSTS</div> <div>JUVENILE COURT NOTICES II</div> <div>COMPONENT/ACTIVITY COST DETAIL</div>				<div>FORM</div> <div>JCN-2</div>
(01) Claimant			(02) Fiscal Year Costs Were Incurred		
(03) Reimbursable Component: Directory of Schools					
(04) Description of Expenses: Complete columns (a) through (f).				Object Accounts	
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Contract Services
(05) Total <input type="text"/>			Subtotal <input type="text"/>		
Page: ____ of ____					

<b>Program</b> <b>155</b>	<b>JUVENILE COURT NOTICES II</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>JCN-2</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Directory of Schools.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component, enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contracted services, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be three years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns						Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked			
<b>Benefits</b>	Title  Activities	Benefit Rate		Benefits = Benefit Rate x Salaries			
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost x Quantity Used		
<b>Contract Services</b>	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked  Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked or Total Contract	Copy of Contract and Invoices

- (05) Total line (04), columns (d), (e), and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity, number each page. Enter totals from line (05), columns (d), (e), and (f) to form JCN-1, block (07), columns (a), (b), and (c) in the appropriate row.